

Section 1: Cover Sheet

Office Use Only

#### Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title  Last Name*  Stevenson  My employe	First Name*  Josiah  er is a 501c(3) non-profit organization	Suffix	Middle
EMPLOYING ENTITY	My employer behalf Entity/Organizat		an entity registrati	on fee, and is reporting on my
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Busi 4527 N Lamar B City* Austin	iness Street Address*	Apartment or 3141 State* TX	Suite Number  Zip Code*  78751
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing PO Box 49444 City* Austin	g Address*	Apartment or  State*  TX	Suite Number  Zip Code*  78765

	☐ I am registering as a new lobbyist
	☐ I am renewing my annual lobbyist registration
	☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
Check all that apply	☐ January ☐ April ☐ July ☐ October
	☐ I am correcting the information provided on a previously filed report  Previous Report Type: Previous Report Date
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

TO TOPOTE THOSE STREET		tino maamaantona manopa eaoston k			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning/Watershed/Compliance/Feasibility				
DDODEDTY ADDDESS	her a prop	erty address or legal			
PROPERTY ADDRESS	Address		Suite or A	partment N	umber
OR LEGAL DESCRIPTION	7715 Delwau				
LEGAL DESCRIPTION	City	_	State		Zip Code
	Austin		TX		78725
	Property Legal De	escription			
		RLESON J ACR 11.7			
Subject Matter(s)*, Check all sub	icat matters that	apply to the municipal question above			
Subject Matter(s) : Check all suc	уест тапету тап				
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	□ P	ermits (Buil	ding, Site Plans)
Affordability		Finance, Budget, or Investments	□ P	ermits (Oth	er)
☐ Animals		Health, Healthcare, Mental Health, or Human Services			r, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	n 🗆 C	Quality of Lif	e Affairs
Aviation		Human Rights or Immigration	☐ R	Real Estate	
City Infrastructure or Public V	Vorks	Labor or Workforce	□ R	Rules, Propos	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land Development or Land Use	П	axation or F	ees
Code Compliance		Municipal Court	ΠТ	echnology o	or Communications
Construction		Municipal Legislation	□ т	ransportation	on or Mobility
Contracts or Procurement		Neighborhoods	⊠ Z	oning or Pla	atting
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			

Add Additional Municipal Question

Delete this page

Page 3 of 30 Revised: 9/25/2017



Add Additional Municipal Question

### **Lobbyist Reporting Form**

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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		<u> </u>		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Transportation, Zo	ning, Utilities		
PROPERTY ADDRESS	This municipal description is	al question pertains to real property. *If che required.	cked, either a pro	perty address or legal
OR	Address		Suite or Apartment	Number
LEGAL DESCRIPTION	6801 Lamar			
	City		State	Zip Code
	Austin		TX	78752
	Property Legal De	scription		
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above		
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (Ot	her)
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste, g
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs
Aviation		Human Rights or Immigration	Real Estate	
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or		Taxation or	Fees
Code Compliance		Municipal Court	Technology	or Communications
Construction		Municipal Legislation	▼ Transporta	tion or Mobility
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums		
Economic Development		Other:		

Delete this page

Page 4 of 30 Revised: 9/25/2017



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To Toport Moro than one Manien	our Question, oner	710071	aartional maniopal aacsticii	Dutto:: 2	,0.011.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Zoning, affordable housing					
PROPERTY ADDRESS	This municipa description is		pertains to real property. *If ch		either a prop	
OR	2107 Alamo			Juile of	Apartment	
LEGAL DESCRIPTION	2107 Alaillo					
	City			State		Zip Code
	Austin			TX		78702
	Property Legal De	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the	e municipal question above			
Accessibility or Persons with I	-	Environ	mental Matters, Air or Water or Watershed Protection		Permits (Bui	lding, Site Plans)
		Finance	, Budget, or Investments		Permits (Oth	ner)
Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic	Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventic	on 🗌	Quality of Lif	fe Affairs
Aviation		Human	Rights or Immigration	$\boxtimes$	Real Estate	
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Decomposition	evelopment or Land Use		Taxation or F	Fees
Code Compliance		Municip	oal Court		Technology	or Communications
Construction		☐ Municip	oal Legislation		Transportati	on or Mobility
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums			
Economic Development		Other:				



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To report more than one Municip	bai Question, click	the Add Additional Municipal Que	stion button below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Historic Preservation/Demolition					
PROPERTY ADDRESS	This municipa description is Address	Il question pertains to real property required.	. *If checked, either a pr			
OR	2008, 2012, & 201	6 E Cesar Chavez				
LEGAL DESCRIPTION	City		State	Zip Code		
	Austin		TX	78702		
	Property Legal Des	scription				
	Troporty Edgar Bos					
0 11 11 11 11 11 11 11 11 11 11 11 11 11						
Subject Matter(s)^: Check all sub	ject matters that	apply to the municipal question abo				
Accessibility or Persons with [	Disabilities	Environmental Matters, Air or Wa Quality, or Watershed Protection	ter Permits (I	Building, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits (	Other)		
Animals		Health, Healthcare, Mental Health Human Services		ety, Policy, Fire, EMS, or cy Planning and Response		
Annexation			Public Uti or Recycli	lities, Energy, Water, Solid Waste, ng		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Co Center	onvention   Quality of	Life Affairs		
Aviation		Human Rights or Immigration	Real Estat	е		
City Infrastructure or Public W	Vorks	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	∑ Land Development or Land Use	☐ Taxation	or Fees		
Code Compliance		Municipal Court	Technolog	gy or Communications		
Construction		Municipal Legislation	☐ Transport	ation or Mobility		
Contracts or Procurement		Neighborhoods	∑ Zoning or	Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Mu	useums			
Economic Development		Other:				

Add Additional Municipal Question

Delete this page

Page 6 of 30 Revised: 9/25/2017



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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

To report more than one municip	bai Question, click	tile Auu A	duttional Municipal Question	button	JEIOW.
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Re-zoning				
PROPERTY ADDRESS			pertains to real property. *If ch		either a property address or legal
OR	11800 Dessau Rd			Suite of	Apartment Number
LEGAL DESCRIPTION	11800 Dessau Ru				
	City			State	Zip Code
	Austin			TX	78754
	Property Legal Des	scription			
Subject Matter(s)*: Check all sub	ject matters that	apply to the	municipal question above		
Accessibility or Persons with I	Disabilities		mental Matters, Air or Water or Watershed Protection		Permits (Building, Site Plans)
Affordability		Finance	, Budget, or Investments		Permits (Other)
Animals			Healthcare, Mental Health, or Services		Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation		Historic	Preservation		Public Utilities, Energy, Water, Solid Waste, or Recycling
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Conventio	on 🗌	Quality of Life Affairs
☐ Aviation		Human	Rights or Immigration		Real Estate
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land De	evelopment or Land Use		Taxation or Fees
Code Compliance		Municip	oal Court		Technology or Communications
Construction		Municip	oal Legislation		Transportation or Mobility
Contracts or Procurement		Neighbo	orhoods	$\boxtimes$	Zoning or Platting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums		
Economic Development		Other:			



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To report more than one munici	pai Question, ciic	ck the Add Additional Municipal Question	button below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Code changes to allow daycares and schools in residential zones				
PROPERTY ADDRESS OR	This municip	oal question pertains to real property. *If chis required.	necked, either a property address or legal  Suite or Apartment Number		
LEGAL DESCRIPTION	City		State Zip Code		
	Property Legal D	escription			
Subject Matter(s)*: Check all sul	oject matters tha	t apply to the municipal question above			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)		
☐ Affordability		Finance, Budget, or Investments	Permits (Other)		
Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response		
Annexation		Historic Preservation	Public Utilities, Energy, Water, Solid Waste or Recycling		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	• •		
Aviation		☐ Human Rights or Immigration	☐ Real Estate		
City Infrastructure or Public V	Works	Labor or Workforce	Rules, Proposed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or	Land Development or Land Use	☐ Taxation or Fees		
Code Compliance		Municipal Court	☐ Technology or Communications		
Construction		Municipal Legislation	☐ Transportation or Mobility		
Contracts or Procurement		☐ Neighborhoods			
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



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To report more than one wunicip	oal Question, click	the Add Additional Municipal Questio	n button below.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Re-zoning 6101 Ros	ss Rd		
PROPERTY ADDRESS	This municipa description is	al question pertains to real property. *If required.	f checked, either a pro	
OR	6101 Ross Rd			
LEGAL DESCRIPTION	City		State	Zip Code
	Austin		TX	78617
				70017
	Property Legal Des	scription		
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above		
Accessibility or Persons with I	Disabilities	☐ Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (O	ther)
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response
Annexation		Historic Preservation	Public Utili or Recyclir	ities, Energy, Water, Solid Waste, ng
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convercence Center	ntion	Life Affairs
☐ Aviation		Human Rights or Immigration	Real Estate	ġ.
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Prop	posed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use	☐ Taxation o	r Fees
Code Compliance		Municipal Court	Technolog	y or Communications
Construction		Municipal Legislation	☐ Transporta	ation or Mobility
Contracts or Procurement		☐ Neighborhoods		Platting
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museur	ms	
Economic Development		Other:		

Add Additional Municipal Question

Delete this page

Page 9 of 30 Revised: 9/25/2017



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To report more than one Municip	bai Question, click	the Add Additional Munic	ipai Question button	below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	University Neighborhood Overlay changes					
PROPERTY ADDRESS	This municipa description is Address	l question pertains to real prequired.		either a prop		
OR	2404 Rio Grande					
LEGAL DESCRIPTION	City		State		Zip Code	
	Austin		TX		78705	
	Property Legal Des	crintion				
	Troperty Legar Bes	onphon .				
Subject Matter(s)*: Check all sub	ject matters that a	apply to the municipal ques	stion above			
Accessibility or Persons with I	Disabilities	Environmental Matters, A     Quality, or Watershed Pres	Air or Water otection	Permits (Bui	ilding, Site Plans)	
		Finance, Budget, or Inves	tments	Permits (Oth	ner)	
☐ Animals		Health, Healthcare, Ment Human Services	al Health, or		y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Ever Center	nts, or Convention	Quality of Li	fe Affairs	
Aviation		Human Rights or Immigra	ation	Real Estate		
City Infrastructure or Public W	Vorks	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Emplo Retirement Systems	yment, or	Land Development or Lar	nd Use	] Taxation or I	Fees	
Code Compliance		Municipal Court		Technology	or Communications	
Construction		Municipal Legislation		] Transportati	ion or Mobility	
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting	
Diversity, Equity, or Inclusion		Parks, Recreation, Librari	es, or Museums			
Economic Development		Other:				



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To report more than one Municip	oal Question, click	the Add Additional Municipal C	zuestion button below	V		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Re-zoning for the Coffehouse at Slaughter Lane					
PROPERTY ADDRESS	This municipal description is	al question pertains to real prope required.	-	r a property address or legal		
OR	648 E Slaughter		Suite Si Aipai			
LEGAL DESCRIPTION						
	City		State	Zip Code		
	Austin		TX	78747		
	Property Legal De	scription				
Subject Matter(s)*: Check all sub	l' niect matters that	apply to the municipal question:	above			
Accessibility or Persons with I	-	Environmental Matters, Air or Quality, or Watershed Protecti	Water Born	nits (Building, Site Plans)		
☐ Affordability		Finance, Budget, or Investment	ts Pern	nits (Other)		
Animals		Health, Healthcare, Mental Healthcare Human Services		lic Safety, Policy, Fire, EMS, or ergency Planning and Response		
Annexation		Historic Preservation		lic Utilities, Energy, Water, Solid Waste, ecycling		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Center	Convention Qual	lity of Life Affairs		
Aviation		Human Rights or Immigration	⊠ Real	Estate		
City Infrastructure or Public V	Vorks	Labor or Workforce	Rule	es, Proposed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	Land Development or Land Use	: Taxa	ation or Fees		
Code Compliance		Municipal Court	Tech	nnology or Communications		
Construction		Municipal Legislation	☐ Tran	nsportation or Mobility		
Contracts or Procurement		☐ Neighborhoods	Zoni	ing or Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or	Museums			
Economic Development		Other:				



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable	
CLIENT NAME	Client Title Client First Name*  Anmol	M	liddle	
⊠ Client is an individual	Organization Name or Client Last Name, as applicable*  Mehra	Client Suffix		
0.151.7	Client Business Address*  79 Chandler Street	Client Apartment o	r Suite Number	
CLIENT ADDRESS AND NATURE OF	Client City*	Client State*	Client Zip Code*	
	Boston MA 02116  Nature of Client's Business*			
BUSINESS	Real Estate			

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT  NAME	0		
Client is an individual	Organization Name or Client Last Name, as applicable*  Greenstar Development		
	Client Business Address* PO box 5645	Client Apartment or	Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	ТХ	78763
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	for compensation totaling \$500,000	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Stoneridge LLC		
CLIENT	Client Business Address*  3839 Bee Caves Road	Client Apartment or	Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Westlake	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Buda Bluff LLC		
	Client Business Address*	Client Apartment or	Suite Number
	3839 Bee Caves Road	Suite 200	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Westlake	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		
			,

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	uring the applicable
CLIENT NAME ⊠ Client is an individual	Client Title Client First Name*    Noah	Client Suffix	Middle
	Zimmerman		
	Client Business Address*	Client Apartment	or Suite Number
	9890 Bodega Hwy.		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Sebastopol	CA	95472
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate		

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT COMPENSATION	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the endorrow for compensation totaling \$500,000 or	more.	
	If you fail to provide the above Client Com	pensation information, p	provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	nt compensation during the applicable
CLIENT  NAME	Client Title Client First Name*  Najib  Organization Name or Client Last Name, as applicable*	Middle  Client Suffix
	Wehbe	
QUENT	Client Business Address*  5902 Mountain Villa Dr	Client Apartment or Suite Number
CLIENT ADDRESS AND	Client City*	Client State* Client Zip Code*
	Austin	TX 78731
NATURE OF	Nature of Client's Business*	
BUSINESS	Real Estate	

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Delwau LLC		
CLIENT	Client Business Address* 9890 Bodega Hwy	Client Apartment or	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Sebastopol	CA	95472
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate Development		

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Thrive FP			
OUTS VIT	Client Business Address*  809 N Cuernavaca	Client Apartment or	r Suite Number	
	Client City*	Client State*	Client Zip Code*	
AND	Austin	ТХ	78733	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			
NATURE OF	809 N Cuernavaca  Client City*  Austin  Nature of Client's Business*	Client State*	Client Zip Code*	

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a new incl Gold			

Indicates a required field

Add Another Client Page



#### Section 3a:

### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*  The Shapiro Family			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  3101 Bee Caves Rd  Client City*  Austin  Nature of Client's Business*  Real Estate	Client Apartment or 270 Client State* TX	Client Zip Code*	

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competor compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation into	

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
		l		
	Emergence TR 2020 SoCo LLC			
CLIENT	Client Business Address* 1708 Willow St	Client Apartment or	r Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
ADDRESS	Austin	TX	78702	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation in		

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Lotus Montessori			
CLIENT	Client Business Address*  3402 Merrie Lynn Ave	Client Apartment or		
ADDRESS	Client City*	Client State *	Client Zip Code*	
AND	Austin	TX	78722	
NATURE OF	Nature of Client's Business*			
BUSINESS	Montessori School			

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable*  Mita Enterprises			
	Client Business Address*  10025 Dianella Ln	Client Apartment of	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	ТХ	78759	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
Ciletti is all ilidividual	Rio Grande LLC (William Archer)			
	Client Business Address*  1711 Meadowbrook Ln	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	ТХ	78703	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

#### Section 3b:

#### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$10,000 - \$24,999	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



# Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT		ved or retained no employees d	luring the ap	plicable rep	porting period
DEDCON	Title	First Name*			Middle
PERSON EMPLOYED OR	Last Name *	J L	Suffi	x	
RETAINED	Employer*		Occu	pation*	
BUSINESS	Business Addre	ess*			Suite Number
ADDRESS	City*		TX	ite*	Zip Code*
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?  If yes, describe the nature of their employment *required if the above box is checked				
	First Name of N	Mayor/Council Member	Last Nam	e of Mayor/	Council Member

\* Indicates a required field

Add Another Employee Page

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



# Section 5: Statement of No Activity

#### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED.

Lobbyists who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

# No Activity Confirmation ☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



# Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
EXPENDITURE	(\$) Entertainment	\$0.00
TOTALS	(\$) Awards and Mementos	\$0.00
(Blank values will be interpreted as \$0)	(\$) Honorariums	\$0.00
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00



# Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name,	as applicable*			
AND					
BUSINESS INTEREST	This payee is a business or business in	nterest of a City Official			
	If yes, First Name of City Official	Last Name of Cit	Last Name of City Official		
Payee is an individual					
	Department of City Official	Job Title of City (	Job Title of City Official		
	Payee Address/ PO Box*	Payee Apar	tment or Suite Number		
PAYEE					
ADDRESS	Payee City*	Payee State	e* Payee Zip Code*		
	(\$) Expenditure Amount * Expendit	ure Date <sup>*</sup> Category <sup>*</sup>			
EXPENDITURE	(,,,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DETAILS	Purpose of the Expenditure*		,		
	rui pose oi tile Experialture				
Identify each City Official	ha hanafittad fram ar wha	hove been influenced but	o ovnondituro if analicable		
<del>-</del> <del>-</del>	ho benefitted from or who may	<del>-</del>			
City Official First Name	City Official Last Name	Department	Job Title		

Delete this page

30 Revised: 9/25/2017



### Section 8: Declaration and Electronic Submission

#### **DECLARATION**

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Josiah Stevenson	10/10/2019
Typed Name	Report Date*

#### **Electronic Submission and Signature**

I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.